



Town of Acton
Department of Public Health
472 Main Street, Acton, MA 01720
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www.acton-ma.gov

ANNUAL INSPECTION HAZARDOUS MATERIALS PERMIT HOLDER

Facility Name: Acton Concord Septic Date 8/5/2015
Address: 54 Knox Trail
Type of Business: Garage
Telephone: 978-897-6414 Email: _____
Contact Person: Joe Spinelli Initial Inspection ☒ Re-Inspection ☐

Housekeeping:	Y	N	Comments
Area clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Spills present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Appropriate material storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Materials and wastes separate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Cleanup materials available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Materials have secondary containment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Materials and wastes are labeled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Safety:			
Are MSDS sheets available on site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employee personal protective equipment on site	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Employees trained in Haz Mat handling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Emergency procedures posted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Site Management:			
Waste removed by licensed hauler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Brought to Acton Truck
Floor drains present in area of Haz Mat or waste	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Sinks present in area of Haz Mat or waste	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Testing of septic system necessary	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Does site plan on file reflect current arrangement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Any UST (underground storage tank) present	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If UST present, is it alarmed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

Action Items:

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Re-inspection required? Yes ☐ No ☒

Inspector Signature

Date

Re-inspection Date:

Facility Representative Signature

Date